

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

|                        |  |   |  |                                    |
|------------------------|--|---|--|------------------------------------|
| Row 1                  | Reporter name:   | Submission date:  | Contact person (if different than reporter)  | Internal ID                        |
| Administrative Data    | [REDACTED]   | 05/23/2014  |  | 1-36772721                         |
|                        | Address:   | Address:  |  |                                    |
|                        | Maryland   |   |  |                                    |
|                        | Phone #:   | Phone #:  |  |                                    |
|                        | [REDACTED]   |   |  |                                    |
|                        | Incident Status:   | Location and date of incident   | Date registrant became aware of incident:  | Was incident part of larger study? |
|                        | New  | Maryland<br>04/15/2014  | 4/16/2014  |                                    |
| Row 2                  | EPA Registration # (Product 1)   | EPA Registration # (Product 2)  | EPA Registration # (Product 3)   |                                    |
| Pesticide(s) Involved  | 2382-104   |   |  |                                    |
|                        | A.I. (s)   | A.I. (s)  | A.I. (s)   |                                    |
|                        | Amitraz  |   |  |                                    |
|                        | Product 1 Name   | Product 2 Name  | Product 3 Name   |                                    |
|                        | Preventic Collar for Dogs 18 in collar   |   |  |                                    |
|                        | Exposed to concentrate prior to dilution? NA   | Exposed to concentrate prior to dilution?   | Exposed to concentrate prior to dilution?  |                                    |
|                        | Formulation  | Formulation   | Formulation  |                                    |
| Row 3                  | Evidence label directions were not followed? No  | Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) | Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) |                                    |
| Incident Circumstances | Intentional misuse? No   |   |  |                                    |
|                        | Applicator certified PCO? Not applicable   | Own Residence   | See Description Notes  |                                    |
|                        | How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) |   |  |                                    |
|                        | See Incident Description   |   |  |                                    |

*4/16/2014 12:01:59 PM Preventic collar - 18 inches*

*Caller states his wife applied the collar to their dog (teacup chihuahua) last night. The dog then slept with them in the bed. This morning his wife woke up with a migraine HA and has been vomiting. No pre-existing resp issues.*

*A: - The sxs may or may not be related to the product/exposure*

- The odor of the product might be strong*
- Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath. Nausea may progress to vomiting.*
- Vomiting could also occur if your wife ingested some of the AI imbedded in the collar, which would be unlikely*
- Skin contact may cause dermal irritation*
- Alternatively your wife could have contracted a viral infection*
- Rec. removing the collar and bathing the dog in liquid hand dishwashing detergent like Dawn and lukewarm water. Wash the bedding off your bed as well.*
- Should the sxs not resolve, something else is going. Rec. re-applying the collar and having your wife see an MD if her sxs persist or worsen*
- Make sure your wife stays hydrated*

*Caller asks what if his wife got some of the product in her mouth while sleeping?*

*A: - A TTL could cause nausea and perhaps some vomiting.*

- Reiterated that sxs may or may not be related to the product/exposure*

*4/17/2014 8:04:40 AM no 1932 needed*

*4/17/2014 5:55:48 PM Callback placed to [REDACTED]  
He took his wife to the ER where she was given tx. She's fine now.*

**\*Personal privacy information\***



# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

|  |  |   |   |
|--|--|---|---|
| Demographic information<br>Age: <b>Unknown Adult (18-64)</b><br>Sex: <b>Female</b><br>Occupation: (if relevant)  | Exposure route:<br><b>Unknown</b>  | Was adverse effect result of suicide/homicide or attempted suicide/homicide?<br><b>No</b> | Was protective clothing worn (specify)?<br><br><b>Not applicable</b>  |
| If female, pregnant?<br><b>Did not query</b>   | Was exposure occupational?<br><b>No</b><br>If yes, days lost due to illness:                                     | Time between exposure and onset of symptoms:<br><b>See Symptoms</b>                       |   |
| Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).<br><b>HCF</b> | List signs/symptoms/adverse effects.<br><br><b>Vomiting, 24 hrs or less;</b><br><b>Headache, 24 hrs or less;</b> |   | If lab tests were performed, list test names and results (If available, submit reports).<br><br><b>Not Reported</b> |
| Exposure data:<br>Amount of pesticide:<br>Exposure duration:<br>Weight:  |  |   |   |
| Human severity category:<br><b>HC</b>  |  |   |   |

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
**1-36772721**